	PATENT APPLICATION FEE DETERMINATION RECORD 0/634274											
	•		MALL I	ENTITY	OR	_	THAN ENTITY					
T	OTAL CLAIMS				·		ſ	RATE FEE]	RATE	FEE
F	OR	•	NUMBER	FILED	NUMBER EXTRA			BASIC FEE 150.00		OR	BASIC FEE	300.00
TO	OTAL CHARGE	ABLE CLAIMS	in.	nus 20=	•			X\$ 25=		OR	2000	
INI	DEPENDENT C	LAIMS	m	inus 3 =	•			X100≈		OR	Y222	
M	JLTIPLE DEPE	NOENT CLAIM P	مراجعت والمراجع والمستحد والمس									
• 1	the difference	in column 1 is	less than a	ero enter	column 2	L	+180=		OR	<u> </u>		
	•		less than zero, enter "0" in column 2					TOTAL	<u> </u>	OR	1	
		(Column 1)	MENDED - PART II (Cotumn 2) (Cotumn 3)					SMALL ENTITY			SMALL I	
DMENTA	1-5-05	CLAIMS REMAINING AFTER AMENOMENT		MIGH MUME PREVIO PAID F	est Eer USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
20	Total	. 60	Minus	- 10	33	-	11	X\$ 25=		OR	X\$50=	
AMEN	Independent	. 5	Minus	•••	7	2 .	ı	X100=		OR	Yooo	
	FIRST PRESE	NTATION OF MI	JUTIPLE DE	PENDENT	CLAIM			.100-				•
• • •							L	+180=		OR	+360=	
10	11.05	(Column 1).		(Dali in	at ·	· (Column 2)	A	DOIT. FEE		OR	ADDIT, FEE	-
AMENDMENT B	77 00	CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT ENTRA		RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE
MON	Total	. 60	Minus	- 10	3_	-/		X8 25=		OR	XS50=	
AME	Independent	• 3	Minus	*** 9	,			X100=		O R	X200=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM	المناسل		+180			+360=	
	0						L	TOTAL	 	OR	TOTAL	
	RCE	(Column 1)		(Cabon	- M	(Cohima 3)	AD	OIT. FEE		OR ,	addit. Feel	
NTR	3/27/6	CLAIMS REMAINING AFTER AMENDMENT	·	(Colum HIGHE NUMBI PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL REE	[RATE	ADDI- TIONAL FEE
	Total	. 60	Minus	-10	3		,	CS 25=			X\$50=	100
AMENDMENT	independent		Minus	··· C	1	• /	₽	(100=		OR	X200=	++
4	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		H	11/02		OR	A200#	
<i>:</i>						.•	Ŀ	180=		OR	+360=	
			•	•								. /
				•								

BEST AVAILABLE COPY

					jy · ·			ı.	J.S. Patent and T	rademark Offi	9: U.S. C	ugh 7/31/2006, () EPARTMENT ()	ECOMMEDCE			
	Un	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless PATENT APPLICATION FEE DETERMINATION RECORD										ss it displays a valid OMB control number. Application or Docket Number				
	EFFECTIVE DEC. 8. 2005 Substitute for Form PTO-875 (FFE								ZTWE D	EC-Y 2rd						
														1		
				OTHER TI COLUMN 2) SMALL ENTITY OR SMALL EN												
			1	umn 1) .	(()	(Column 2)			OWNELL	1) 	SWALL	CMITT	1		
•				ER FILED	NUMB	NUMBER EXTRA		RATE	FEE		RATE	FEE	<u> </u>			
:	BASIC FEE (37 CFR 1.16(a))									:345	OR		: 140			
	TOTAL CLAIMS (37 CFR 1.16(c))			minus 20	minus 20 =			1	x : 25 =			v. Co.		1		
	INDEPENDENT CLAIMS							1			OR	× \$_Ω_=	<u> </u>	1		
	(37 CFR 1.16(b)) minus 3 =			* '				x \$/00 =		OR	x \$200=					
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+\$180 =		OR	+ \$ 260 =	·]			
	* If the difference in column 1 is less than zero, enter 7				er "O" in column	2.			TOTAL		OR	TOTAL		<i>!</i>		
		_	LAIMS AS AM	ENDED	DARTI]		
:		C	CAIIVIS AS AIVI	ENDED -	- FARTII											
			(Column 1)		(Column 2)	(Co	lumn 3)		SMALL E	ENTITY	OR	_	R THAN ENTITY			
	\searrow)	CLAIMS	T	HIGHEST		CCAR	7			•			1		
wy.c	Ē	1/3/1	REMAINING AFTER		NUMBER PREVIOUSLY		ESENT XTRA		RATE	ADDI- TIONAL		RATE	ADDI-	1		
	EN EN	700	AMENDMENT	Afferra	PAID FOR	ļ	 	1		FEE	•		. FEE	ļ		
	DME	Total (37 CFR 1.15(c))	60	Minus	"103	=			x s 25 =	1	OR	x \$ 50 =				
	Z	Independent (37 CFR 1.15(b))	5	Minus	" 9	=	T	1	x \$ <u>/ 00</u> =			x s 200 =		1		
	AME	FIRST DOSCSAN	***************************************	F DEDELIDE	Z 01 411 42 01	~	<u> </u>	1	Carlotte Control		OR	***		1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))							1	+=/10=		OR	+:360=		1		
	** *** *** *** *** *** * * * * * * * *								ADOL FEE	· · · · / · · · ·	"OR	ADD'L FEE	·	<u> </u>		
			(Column 1)		(Column 2)	(Co	lumn 3)	_		•		•	1141 1141 -11			
	X	al 1	CLAIMS REMAINING		HIGHEST NUMBER	PRI	ESENT	1	RATE	ADDI-		RATE	ADDI	1		
	4	1/10/4	AFTER		PREVIOUSLY		XTRA		, wie	TIONAL		, KAIE	TIONAL			
	MENT	Total	AMENDMENT	Minus	PAID FOR	=		┨		FEE			\ FEE	•		
•		(37 CFR 1.15(c))	60		- 103				x \$ <u>25 = </u>		OR ·	× 5 <u>-50</u> . a	-			
	ŒN	Independent (37 CFR 1.16(b))	5	Minus	<u> </u>	=	1		x s <u>/00</u> =	·	OR _	200	1:	; ;		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						1	+ \$/20 =		OR	+:3ia-		1			
								J	TOTAL		-	TOTAL				
					•				ADD'L FEE		OR	ADO'L FEE	L	1		
,			(Column 1)		(Column 2)	(Co	lumn 3)			1			. 1			
• •	၁	·	CLAIMS		HIGHEST	990	ESENT]	5475	1001						
			REMAINING AFTER		NUMBER PREVIOUSLY		KTRA		RATE	ADDI- TIONAL	•	. RATE	ADDI- TIONAL			
	OMENT	Total	AMENDMENT	Affana	PAID FOR			1	ļi	FEE		·	• FEE	-:		
		(37 CFR 1.16(c))		Militia		°	•		x \$ \$ =	·	OR	:x \$ <u>50</u> = .	•			
	EN	(37 CFR 1,16(b))	• •	Minus	900	•			x s100 =		OR	x \$200 =				
	3							4			J.,			4		

* If the entry in column 1 is less than the entry in column 2; write "0" in column 3,-

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ADD'L FEE

TOTAL

ADD'L FEE

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

[&]quot;If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number 10/634 274 1808-11085

CLAIMS AS FILED - PART (Column 1)						(Column 2) SMALL E			ITITY	OR	OTHER SMALL I			
TOTAL CLAIMS			103				Γ	RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE			
TOTAL CHARGEABLE CLAIMS 103 minus					. 83			X\$ 9=		OR		1494		
INDEPENDENT CLAIMS 9 minus 3 ≈ *						6				OR	V04	504		
MULTIPLE DEPENDENT CLAIM PRESENT							-	+140=		OR				
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	L	TOTAL		OR	TOTAL	2748		
	C	LAIMS AS A	MENDED	- PAR	TII	T 11					OTHER	THAN		
_	engrange makkepanananan	(Column 1)	and something for the	(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ENDMENT	Total	*	Minus	AR		=		X\$ 9=		QЯ	X\$18=			
AME	Independent	*	Minus	***	CLAIM	= <u> </u>		X42=	·	OR	X84=			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=			
a .								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colu	mn 2)	(Column 3)		DDII. FEE (A0011. LE			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NOW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
AMENDMENT	Independent	*	Minus	***		<u> </u>	1	X42=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=									OR	+280=			
						•	L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE			
		(Column 1)		(Colu	mn 2)	(Column 3)		DUN. PEE			ADDIT, PEE			
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER OUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
AMENDME	Independent	*	Minus	###		=	!	X42=		OR	X84=			
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	'ENDEN'	CLAIM		J	+140=			+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT FEE ** ADDIT FEE														
			***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											